# **FORM D**

#### UNITED STATES

# SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Mail Processing Section

FORM D

APR 1 0 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

Washington, Deniform Limited Offering Exemption

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3235-0076 April 30, 2008
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April 30, 2006
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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Issuance of Subordinated Convertible Promissory Notes and all underlying securities	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506  Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  NetEffect, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Num (512) 302.0002
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Numb 08046949
Brief Description of Business Fabless semiconductor manufacturer	
Type of Business Organization    Corporation   limited partnership, already formed	PROCESSED
	please specify): $\angle$ APR 1 8 2008
Actual or Estimated Date of Incorporation or Organization:    Month   Year	Actual Estimated THOMSON FINANCIAL

### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of e</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers.</li> <li>Each general and managing partner of partnership issuers.</li> </ul>	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Maule, Charles R.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o NetEffect, Inc., 9211 Waterford Centre Blvd., Suite 100, Austin, TX 78758	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Hulett, Terry	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o NetEffect, Inc., 9211 Waterford Centre Blvd., Suite 100, Austin, TX 78758	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Senders, Robert C.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o NetEffect, Inc., 9211 Waterford Centre Blvd., Suite 100, Austin, TX 78758	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Austin Ventures VII, L.P.	·
Business or Residence Address (Number and Street, City, State, Zip Code)	
300 W. 6th Street, Suite 2300, Austin, TX 78701, attn: Clark Jerrigan	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Infinity Capital Venture Fund 1999, L.P. and related funds	
Business or Residence Address (Number and Street, City, State, Zip Code)	
100 Hamilton Ave., Suite 400, Palo Alto, CA 94301 Attn: Bruce Graham	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Granite Ventures, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Granite Ventures, LLC, One Bush Street, 13th Floor, San Francisco, CA 94104 Attn: Sam Kingsland	
Check Box(es) that Apply: Promoter  Beneficial Owner  Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
ΓΙ Ventures III, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	<i></i>
c/o Granite Ventures, LLC, One Bush Street, 13 <sup>th</sup> Floor, San Francisco, CA 94104 Attn: Sam Kingsland	

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i TL Ventures V, L.P. and re					
Business or Residence Addre		et City State Zin Code)		<u>.</u>	······································
435 Devon Park Dr., 700 Bi			ino		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
		Z Beneficial Owner			Managing Partner
Full Name (Last name first, i	·				
JatoTech Ventures, L.P. an		at City State 7in Code)			
Business or Residence Addre 301 Congress Avenue, Suite	•		on.		
				Director	General and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Managing Partner
Full Name (Last name first, i	f individual)				
Jernigan, Clark					
Business or Residence Addre					
c/o Austin Ventures, 300 W	V. 6 <sup>th</sup> Street, Ste. 230	00, Austin, TX 78701			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i DeNino, Mark	f individual)				
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)	·		
c/o TL Ventures, 435 Devoi		•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	findividual)			· · · · · ·	ivianaging i artici
Graham, Bruce	i marviouar)				
Business or Residence Addre	ess (Number and Stree	et City State Zin Code)			· · · · · · · · · · · · · · · · · · ·
c/o Infinity, 100 Hamilton A	•	-			
· · · · · · · · · · · · · · · · · · ·		,			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
E-11 N /I	et. at. ta 1V				Managing Partner
Full Name (Last name first, i Kingsland, Sam	i individuai)				
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)			
c/o Granite Ventures, LLC,	, One Bush Street, 1.	3 <sup>th</sup> Floor, San Francisco,	CA 94104		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Thirion, Walter					
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)			
c/o JatoTech, 301 Congress	Ave., Ste. 2050, Aus	stin, TX 78701			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Majors, Steve					· · · · · · · · · · · · · · · · · · ·
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
4100 House of York, Austin	, TX, 78730				

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		<del></del>
Sommers, Dave		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o NetEffect, Inc., 9211 Waterford Centre Blvd., Suite 100, Austin, TX 78758	_	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Maxwell, Bill	•	
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o NetEffect, Inc., 9211 Waterford Centre Blvd., Suite 100, Austin, TX 78758		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Seth, Rohit		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Duchossois Technology Partners L.L.C.,845 Larch Ave., Elmhurst, IL, 60126		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Farnham, Ray		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o NetEffect, Inc., 9211 Waterford Centre Blvd., Suite 100, Austin, TX 78758		

					В.	INFOR	MATION.	ABOUT OF	FERING		-		
,	Use the	icanom cold	an daga tha i	savan intand t	a sall to no	n accredited	investors in t	this offering?	,			Yes	No ⊠
1.	rias uic	issuer solu,	or does the i	ssuer intend (									
2.	What is	the minimu	m investmen	t that will be				_				s	n/a
•	<b>5</b> 4	.c. :		1								Yes I⊠	No
3. 4.													Ц
	remune	ration for so	licitation of p	urchasers in o	connection v	ith sales of s	ecurities in th	ne offering. I	f a person to l	be listed is ar	associated		
	person of than fiv	or agent of a re (5) persons	broker or dea s to be listed	aler registered are associated	d with the SE d persons of	C and/or wit such a broke	h a state or st r or dealer, y	tates, list the i	name of the b orth the inforr	roker or dea nation for th	er. If more at broker or		
E.JI	dealer o	only.								,			
ruii i	vaine (L	ast name m	st, ir illulvidi	141)									
Busin	ness or F	Residence Ad	ddress (Num	ber and Stree	t, City, State	, Zip Code)							
Nam	e of Ass	ociated Brok	ker or Dealer										
State	s in Whi	ich Person L	isted Has So	licited or Inte	nds to Solic	it Purchasers							
(C	heck "A	all States" or	check indivi	duals States)								□ A	ll States
[	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[	IL]	[IN]	[IA]	[KS]	(KY)	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[	MT]	[NE]	[NV]	[NH]	[UJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[	RIJ	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
E. II I	Name (L	ast name fir	st, if individ	ıal)				<del></del>					
ruii													
	ness or R	Residence Ac	ddress (Numi	ber and Street	t, City, State	, Zip Code)							
Busii				ber and Street	t, City, State	, Zip Code)							
Busin	e of Ass	ociated Brok	er or Dealer										
Busin Name State	e of Asso	ociated Brok	ter or Dealer	licited or Inte	nds to Solic	it Purchasers							II States
Name State	e of Asso s in Whi heck "A	ociated Brok ich Person L .ll States" or	ter or Dealer isted Has So check indivi	licited or Inte	nds to Solic	it Purchasers							
Busin Name State (C	e of Asso s in Whi heck "A AL]	ociated Brok ich Person L Il States" or [AK]	isted Has So check indivi	licited or Inte duals States) [AR]	ends to Solic	it Purchasers	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
Busin Name State (C	e of Asso s in Whi heck "A AL]	ociated Brok ich Person L II States" or [AK]	isted Has So check indivi [AZ]	licited or Inte duals States) [AR] [KS]	[CA]	[CO]	[CT] [ME]	[DE] [MD]	[DC] [[MA]	(FL) [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
Busin Name State (C	e of Asso s in Whi heck "A AL] IL]	ociated Brok ich Person L ill States" or [AK] [IN] [NE]	isted Has So check indivi [AZ] [IA] [NV]	licited or Inte duals States) [AR] [KS] [NH]	(CA)	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Busin Name State (C	e of Asso s in Whi heck "A AL] IL]	ociated Brok ich Person L II States" or [AK]	isted Has So check indivi [AZ]	licited or Inte duals States) [AR] [KS]	[CA]	[CO]	[CT] [ME]	[DE] [MD]	[DC] [[MA]	(FL) [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
Busin Name State (CC	e of Asso s in Whi heck "A AL] IL] MT]	ociated Brok ich Person L II States" or [AK] [IN] [NE] [SC]	isted Has So check indivi [AZ] [IA] [NV]	licited or Inte duals States) [AR] [KS] [NH]	(CA)	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
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Busin  State  (CC  [ [ [ Full ]]	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filling under ULOE.  What is the minimum investment that will be accepted from any individual?  Does the offering pennit joint ownership of a single unit?  Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SED candor with a sale or states, list the ame of the broker or dealer in when than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  IName (Last name first, if individual)  sinces or Residence Address (Number and Street, City, State, Zip Code)  me of Associated Broker or Dealer  sets in Which Person Listed Has Solicited or Intends to Solicit Purchasers  Check "All States" or check individuals States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  [IIL] [IN] [IA] [IKS] [KY] [LA] [MIE] [MID] [MA] [MI] [MN] [MN] [MN]  [MN] [MS] [NY] [NY] [VI] [VI] [VI] [VI] [VA] [WA] [WV] [WV] [WV] [WV] [WV] [WV] [WV] [WV												
Busin Name State (C) [ [ [ Full I Busin	e of Asso s in Whi heck "A AL] IL] MT] RI] Name (L	ich Person L Il States" or [AK] [IN] [NE] [SC] ast name fin	isted Has So check indivi [AZ] [IA] [NV] [SD] st, if individu	licited or Inte duals States)  [AR]  [KS]  [NH]  [TN]  per and Street	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Busin Name State (CC [ [ [ [ Full ]] Busin Name	e of Asso s in Whi heck "A AL] IL] MT] RI] Name (L ness or R	ich Person L  Il States" or  [AK]  [IN]  [NE]  [SC]  ast name fin  desidence Ac  ociated Brok	isted Has Solcheck individual [AZ] [IA] [NV] [SD]  st, if individual individu	icited or Inte	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC]	[DC] [[MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
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Busin State (C) [ [ [ [ Full ]] Busin Name (C) [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	e of Asso s in Whi heck "A AL] IL] MT] RI] Name (L ness or R e of Asso s in Whi heck "A	ich Person L  Il States" or  [AK]  [IN]  [NE]  [SC]  ast name fin  desidence Ac  ociated Brok	isted Has So check indivi [AZ] [IA] [NV] [SD] st, if individual ddress (Number or Dealer	icited or Inte duals States)  [AR]  [KS]  [NH]  [TN]  per and Street duals States)	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC]	[DC] [[MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Busin State (CC [ [ [ Full ]] Busin Name (CC [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	e of Assessin Whitheck "AAL]  IL]  MT]  RI]  Name (Lates of Assessin Whitheck "AAL]	ich Person L  Il States" or  [AK]  [IN]  [NE]  [SC]  ast name fin  desidence Accociated Brok  ch Person L  Il States" or  [AK]	isted Has Soicheck individual [AZ] [IA] [NV] [SD]  st, if individual individu	[AR] [KS] [NH] [TN]  per and Street duals States) [AR]	[CA] [KY] [NJ] [TX]  t, City, State	[CO] [LA] [NM] [UT]  Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [[MA] [ND] [WA]	[FL] [MI] [OH] (WV)	[GA] [MN] [OK] [WI]	[HI]  [MS]  [OR]  [WY]	[ID] [MO] [PA] [PR]

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Aiready Aggregate Offering Price Sold Type of Security Debt..... \$ 5,000,000 \$ 2,000,000 Equity ..... Common Preferred 0 0 \$ 2,000,000.00 Total \$ 5,000,000.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchase \$ 2,000,000.00 Accredited investors..... Non-accredited Investors \_\_\_\_\_ Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. **Dollar Amount** Type of Type of Offering Security Sold Rule 505 Regulation A.... Total ..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... Printing and Engraving Costs

Legal Fees

Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify)

Total

\$ 15,000.00

\$ 15,000.00

X

	C. OFFERING F	PRICE, NUMBER OF INVESTORS, EXPENSES ANI	D USE OF PROCEEDS	
	total expenses furnished in response to Part C	e offering price given in response to Part C - Question 1 ar C - Question 4.a. This difference is the "adjusted gross		\$ <u>4,985,000.00</u>
5.	the purposes shown. If the amount for any pur	ss proceeds to the issuer used or proposed to be used for eac rpose is not known, furnish an estimate and check the box to s listed must equal the adjusted gross proceeds to the issue ove.	o the	
	•		Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees		🔲 \$	<b>\$</b>
	Purchase of real estate		🗆 s	<b>\$</b>
	Purchase, rental or leasing and installation of	f machinery and equipment	🗆 s	□ s
	Construction or leasing of plant buildings and	d facilities	🗆 \$	<b>\$</b>
	Acquisition of other businesses (including the used in exchange for the assets or securities c	e value of securities involved in this offering that may be of another issuer pursuant to a merger)	🗆 <b>s</b>	□ s
	Repayment of indebtedness		🔲 s	<b>\$</b>
	Working capital		🗆 \$	<b>∑</b> \$ <u>4,985,000.00</u>
	Other (specify):		🔲 <b>s</b>	□ s
	Column Totals		🔲 \$	<b>⊠</b> \$ <u>4,985,000.00</u>
	Total Payments Listed (column totals ac	dded)	🛭 \$ <u>4,98</u>	5,000.00
		D. FEDERAL SIGNATURE		
ınde	issuer has duly caused this notice to be signed by the traking by the issuer to furnish the U.S. Securities edited investor pursuant to paragraph (b)(2) of Rul	the undersigned duly authorized person. If this notice is filed uses and Exchange Commission, upon written request of its staffule 502.	under Rule 505, the following f, the information furnished b	signature constitutes an by the issuer to any non-
	er (Print or Type)	3       4-	Date	
	Effect, Inc. ne of Signer (Print or Type)	Title of Signer (Print or Type)	April 2, 2008	
	Senders	Chief Financial Officer		
		ATTENTION		
	Intentional Misstatements or	Omissions of Fact Constitute Federal Criminal Violation	ons. (See 18. U.S.C. 1001	)

		E.	STATE SIGNA	TURE		
1.	Is any party described in 17 CFR 230.262 pres	ently subject to a	any of the disqualifica	ation provisions of such rule?	Yes	No ⊠
		See Appen	dix, Column 5, for sta	ate response.		
2.	The undersigned issuer hereby undertakes to for 239,500) at such times as required by state law		te administrator of an	y state in which this notice is filed, a noti	ce on Form D (	17 CFR
3.	The undersigned issuer hereby undertakes to fu	irnish to the state	e administrators, upo	n written request, information furnished b	y the issuer to	offerees.
4.	The undersigned issuer represents that the issue Exemption (ULOE) of the state in which this nestablishing that these conditions have been sa	otice is filed and				
	e issuer has read this notification and knows the c horized person.	contents to be tru	e and has duly cause	d this notice to be signed on its behalf by	the undersigne	d duly
İss	uer (Print or Type)	Signature		Date		
٧e	tEffect, Inc.	1 1 WK 14	m	April <u></u> , 2008		
Na	me of Signer (Print or Type)	Title of Signe	r (Print or Type)			

Chief Financial Officer

#### Instruction

Rob Senders

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3		4				5
	non-acc inves	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of inv amount purch (Part C-I	ased in State			attach ation of granted
				Number of Accredited		Number of Non- Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL							<u></u>		
AK									
AZ									
AR CA		x	Subordinated Convertible Promissory Notes \$5,000,000	2	\$864,225.90	0	\$0.00		X
со									
СТ									
DE									
DC									
FL									
GA									
HI									
ĮD									
IL		Х	Subordinated Convertible Promissory Notes \$5,000,000	1	\$317,528.10	0	\$0.00		Х
IN									
IA									
KS.									
KY									
LA									
ME									
MD								,. <u>.</u>	
MA									
MI									
MN									•
MS									
МО									

1		2	3		4			4	5
	Intend to sell to non-accredited Type of security and investors in aggregate offering Type of investor and State price offered in state amount purchased in State (Part B-Item 1) (Part C – Item 1) (Part C-Item 2)						Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)		
		•		Number of Accredited		Number of Non- Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ОН									
OK									
OR									
PA			•						
RI									
SC									
SD									
TN								-	
тх		Х	Subordinated Convertible Promissory Notes \$5,000,000	2	\$818,246.00	0	\$0.00		Х
UT									
VT									
VA									
WA									
WI				- "			,		
WY									
PR									

